SAMPLE FORM

Non-Discrimination Policy Statement

It is the policy of (name of provider) to provide services to all persons without regard to race, color, national origin, religion, sex, age, or disability. No person shall be excluded from participation in, or be denied the benefits of, any service; or be subjected to discrimination because of race, color, national origin, religion, sex, age, or disability.

Complaint of Discrimination Policy & Procedure: This policy statement complies with the Civil Rights Act, Title VI [45 CFR part 80.7 (b)] and section 504 of the Rehabilitation Act of 1973 [45 CFR part 84.7 (b)]. If you feel that you have been denied a benefit or service because of your race, color, national origin, age, sex, disability, or religion, you may file a Complaint of Discrimination with the Facility Administrator of (name of provider), either verbally or in writing. A written response will be issued to you within 21 days of the complaint notice.

You may also file a complaint with an external agency. If you choose to file your complaint in writing, you must include your name, address, telephone number, and a brief description of what occurred which led you to believe you were discriminated against. If you need assistance, the Facility Administrator of (name of provider) will be able to assist you.

You may also file a complaint of discrimination by calling or writing either of the external agencies listed below.

MO Dept. of Health and Senior Services Civil Rights Compliance Coordinator Office of Personnel P.O. Box 570 Jefferson City, MO 65102-0570 (573) 751-6056 Dept. of Health and Human Services Office of Civil Rights 601 East 12th Street Kansas City, MO 64106 (816) 426-7277

If a WIC Program: USDA, Civil Rights/EEO Programs, 1244 Speer Blvd., Suite #903, Denver, Colorado 80204 (303) 844-0307

You will not be harassed, intimidated, threatened, or suffer any penalty because you filed a complaint. Any penalty or reprisal against you or any other involved persons is prohibited by law.

This is an example of an agency Non-Discrimination in Provision of Services Policy Statement. Your agency's name should be inserted in all blank spaces within the text. You can use this as a guide or develop your own policy statement that contains in substance the following declaration:

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SAMPLE

NON-DISCRIMINATION IN EMPLOYMENT AND PROVISION OF SERVICES POLICY

It is the policy of	to provide equal
employment opportunity to applicants, employees, and clients without regard to race, color, sex, religion, age, national origin, disability, political belief, or veteran status; hereinafter referred to as protected category.	
(The portion in bold type should be included <i>only</i> if y. In accordance with the Affirmative Action Pro applicable federal and state laws and regulation and equal employment opportunity,	ogram, Governor's Executive Order 94-03, ons, and the principles of affirmative action
shall provide equal opportunity for all in recru compensation, and all other terms and condition protected category status.	,
Services will be provided without regard to race, all aspects of service provision. committed to compliance and enforcement of all discrimination in the delivery of services to client agency.	is firmly federal and state regulations which forbid
This policy shall be adhered to by all staff and commanagement staff, in particular, shall assure that timplemented. The application of this policy is the and supervisory staff.	the intent as well as the stated requirements are
This policy shall be posted in all offices and facil	ities of
Administrator/ Director	 Date